

For the year Jan. 1 - Dec. 31, 2025, or other tax year beginning

, ending

See separate instructions.

Filed pursuant to section 301.9100-2	Combat zone	Deceased	Spouse
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Your first name and middle initial **MATTHEW W.** Last name **MAHAN** Your social security number [REDACTED]

If joint return, spouse's first name and middle initial **SILVIAWEDAD** Last name **SCANDAR** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]

City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED] State [REDACTED] ZIP code [REDACTED]

Foreign country name [REDACTED] Foreign province/state/county [REDACTED] Foreign postal code [REDACTED]

Filing Status

Check only one box.

☒ Single

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ You ☐ Spouse

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes ☐ No ☒

Dependents (see instructions)

If more than four dependents, see instr. and check here ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	[REDACTED]	[REDACTED]		
(2) Last name	[REDACTED]	[REDACTED]		
(3) SSN	[REDACTED]	[REDACTED]		
(4) Relationship	DAUGHTER	SON		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	STMT 1	1a	493,350.
b	Household employee wages not reported on Form(s) W-2		1b	
c	Tip income not reported on line 1a (see instructions)		1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
e	Taxable dependent care benefits from Form 2441, line 26		1e	
f	Employer-provided adoption benefits from Form 8839, line 31		1f	
g	Wages from Form 8919, line 6		1g	
h	Other earned income (see instructions). Enter type and amount:		1h	
i	Nontaxable combat pay election (see instructions)	1i		
z	Add lines 1a through 1h		1z	493,350.
2a	Tax-exempt interest	2a	2b	9,097.
3a	Qualified dividends	3a	3b	1,160.
c	Check if your child's dividends are included in ☐ Line 3a	2 ☐ Line 3b	4b	
4a	IRA distributions	2 ☐ QCD 3 ☐	5b	
c	Check if (see instructions) ☐ Rollover	2 ☐ PSO 3 ☐	6b	
5a	Pensions and annuities	2 ☐ PSO 3 ☐	7a	
c	Check if (see instructions) ☐ Rollover		8	4,060.
6a	Social security benefits		9	507,667.
c	If you elect to use the lump-sum election method, check here (see instructions)		10	311.
d	If you are married filing separately & lived apart from your spouse the entire year (see inst.), check here ☐		11a	507,356.
7a	Capital gain or (loss). Attach Schedule D if required			
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)			
8	Additional income from Schedule 1, line 10			
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income			
10	Adjustments to income from Schedule 1, line 26			
11a	Subtract line 10 from line 9. This is your adjusted gross income			

Tax and Credits

- 11b** Amount from line 11a (adjusted gross income) **11b** **507,356.**
- 12a** Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent
- b** ☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien
- d** **You:** ☐ Were born before January 2, 1961 ☐ Are blind
- Spouse:** ☐ Was born before January 2, 1961 ☐ Is blind

Standard deduction for -

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

- e** **Standard deduction or itemized deductions** (from Schedule A) **12e** **65,292.**
- 13a** Qualified business income deduction from Form 8995 or Form 8995-A **13a** **22.**
- b** Additional deductions from Schedule 1-A, line 38 **13b**
- 14** Add lines 12e, 13a, and 13b **14** **65,314.**
- 15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** **442,042.**
- 16** **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ **16** **95,454.**
- 17** Amount from Schedule 2, line 3 **17**
- 18** Add lines 16 and 17 **18** **95,454.**
- 19** Child tax credit or credit for other dependents from Schedule 8812 **19**
- 20** Amount from Schedule 3, line 8 **20** **1,242.**
- 21** Add lines 19 and 20 **21** **1,242.**
- 22** Subtract line 21 from line 18. If zero or less, enter -0- **22** **94,212.**
- 23** Other taxes, including self-employment tax, from Schedule 2, line 21 **23** **4,607.**
- 24** Add lines 22 and 23. This is your **total tax** **24** **98,819.**

Payments and Refundable Credits

- 25** Federal income tax withheld from:
- a** Form(s) W-2 **25a** **86,445.**
- b** Form(s) 1099 **25b**
- c** Other forms (see instructions) **SEE STATEMENT 6** **25c** **1,128.**
- d** Add lines 25a through 25c **25d** **87,573.**
- 26** 2025 estimated tax payments and amount applied from 2024 return **STATEMENT 5** **26** **16,000.**
- If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):

If you have a qualifying child, you may need to attach Sch. EIC.

- 27a** Earned income credit (EIC) **27a**
- b** Clergy filing Schedule SE (see instructions) ☐
- c** If you do not want to claim the EIC, check here ☐
- 28** Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ **28**
- 29** American opportunity credit from Form 8863, line 8 **29**
- 30** Refundable adoption credit from Form 8839, line 13 **30**
- 31** Amount from Schedule 3, line 15 **31**
- 32** Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32**
- 33** Add lines 25d, 26, and 32. These are your **total payments** **33** **103,573.**

Refund

- 34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** **4,754.**
- 35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ **35a**
- b** Routing number **c** Type: ☐ Checking ☐ Savings
- d** Account number
- 36** Amount of line 34 you want **applied to your 2026 estimated tax** **36** **4,754.**

Direct deposit? See instructions.

Amount You Owe

- 37** Subtract line 33 from line 24. This is the **amount you owe**.
For details on how to pay, go to www.irs.gov/Payments or see instructions **37**
- 38** Estimated tax penalty (see instructions) **38**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes. Complete below.** ☐ **No**

Designee's name **ANTHONY LUNA** Phone no. [REDACTED] Personal Identification number (PIN) **12345**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **ELECTED OFFICIAL**

Spouse's signature, if a joint return, both must sign. _____ Date _____ Spouse's occupation **PRESIDENT**

Phone no. [REDACTED] Email address [REDACTED]

Paid Preparer Use Only

Preparer's name **ANTHONY LUNA** Preparer's signature **ANTHONY LUNA** Date **03/02/26** PTIN [REDACTED] Check it: ☐ Self-employed

Firm's name **WHEELER ACCOUNTANTS LLP**

Firm's address [REDACTED] Firm's EIN [REDACTED]

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

	STMT 7	STMT 8	1	0.
1 Taxable refunds, credits, or offsets of state and local income taxes				
2a Alimony received			2a	
b Date of original divorce or separation agreement (see instructions)				
3 Business income or (loss). Attach Schedule C			3	4,400.
4 Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	-340.
6 Farm income or (loss). Attach Schedule F			6	
7 Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:			7	
8 Other income:				
a Net operating loss	8a	()		
b Gambling	8b			
c Cancellation of debt	8c			
d Foreign earned income exclusion from Form 2555	8d	()		
e Income from Form 8853	8e			
f Income from Form 8889	8f			
g Alaska Permanent Fund dividends	8g			
h Jury duty pay	8h			
i Prizes and awards	8i			
j Activity not engaged in for profit income	8j			
k Stock options	8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n Section 951(a) inclusion (see instructions)	8n			
o Section 951A(a) inclusion (see instructions)	8o			
p Section 461(l) excess business loss adjustment	8p			
q Taxable distributions from an ABLE account (see instructions)	8q			
r Scholarship and fellowship grants not reported on Form W-2	8r			
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u Wages earned while incarcerated	8u			
v Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z Other income. List type and amount:				
	8z			
9 Total other income. Add lines 8a through 8z			9	
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	4,060.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	311.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	311.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

Your social security number

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (I)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	0.
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐	4	622.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	1,116.
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	2,514.
12	Net investment income tax. Attach Form 8960	12	355.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2025 Created 5/8/25

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount	17a	
b	Recapture of federal mortgage subsidy. If you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (I)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b	21	4,607.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	42.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	1,200.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,242.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2025 Created 11/17/25

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions)

2 Enter amount from Form 1040 or 1040-SR,

line 11b

3 Multiply line 2 by 7.5% (0.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You
Paid**

5 State and local taxes (SALT).

SEE STATEMENT 9

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐

b State and local real estate taxes (see instructions)

c State and local personal property taxes

d Add lines 5a through 5c

e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions **STMT 11**

6 Other taxes. List type and amount:

7 Add lines 5e and 6

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **SEE STATEMENT 10**

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address

c Points not reported to you on Form 1098. See instructions for special rules

d Reserved for future use

e Add lines 8a through 8c

9 Investment interest. Attach Form 4952 if required. See instructions

10 Add lines 8e and 9

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

13 Carryover from prior year

14 Add lines 11 through 13

**Casualty
and Theft
Losses**

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

**Other
Itemized
Deductions**

16 Other - from list in instructions. List type and amount:

**Total
Itemized
Deductions**

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **08**

Your social security number

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

GOLDMAN SACHS BANK USA
U.S BANK NATIONAL ASSOCIATION
CHARLES SCHWAB -

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

8,767.
328.
2.

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

9,097.
9,097.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

- 5 List name of payer:

CHARLES SCHWAB -

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Amount

1,160.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

1,160.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(ies) where the financial account(s) is (are) located:
8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

Interest and Dividend Summary

Name: MATTHEW W. MAHAN & SILVIA WEDDAD SCANDAR

FEIN/SSN:

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A GOLDMAN SACHS BANK USA	8,767.							
B U.S. BANK NATIONAL ASSOCIATION	328.							
C CHARLES SCHWAB -	2.							
D CHARLES SCHWAB -							1,160.	739.
E								
F								
G								
H								
I								
J								
K								
Totals	9,097.						1,160.	739.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D				108.				42.
E								
F								
G								
H								
I								
J								
K								
Totals				108.				42.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

MATTHEW W. MAHAN

A Principal business or profession, including product or service (see instructions)

Social security number (SSN)

B Enter code from instructions

541600

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2025, check here

☐ Yes ☒ No

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked **STATEMENT 12**

1 **4,400.**

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 **4,400.**

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5 **4,400.**

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 **4,400.**

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising

8

18 Office expense

18

9 Car and truck expenses

9

19 Pension and profit-sharing plans

19

(see instructions)

10

20 Rent or lease (see instructions):

20a

10 Commissions and fees

10

a Vehicles, machinery, and equipment

20b

11 Contract labor (see instructions)

11

b Other business property

21

12 Depletion

12

21 Repairs and maintenance

22

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

22 Supplies (not included in Part III)

23

14 Employee benefit programs (other than on line 19)

14

23 Taxes and licenses

24

15 Insurance (other than health)

15

a Travel

24a

16 Interest (see instructions):

16a

b Deductible meals (see instructions)

24b

a Mortgage (paid to banks, etc.)

16b

25 Utilities

26

b Other

17

26 Wages (less employment credits)

27a

17 Legal and professional services

17

27a Energy efficient commercial bldgs deduction (attach Form 7205)

27b

b Other expenses (from line 48)

28

28 Total expenses before expenses for business use of home. Add lines 8 through 27b

28 **0.**

29 Tentative profit or (loss). Subtract line 28 from line 7

29 **4,400.**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____

Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

31

4,400.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Business Name:

2025

Description	Tax Year 2024	Tax Year 2025	Increase (Decrease)
INCOME			
GROSS INCOME	4,500.	4,400.	-100.
NET PROFIT OR (LOSS)	4,500.	4,400.	-100.

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

Your SSN

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7b.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet 1. <u>442,042.</u> 2. Enter the amount from Form 1040 or 1040-SR, line 3a* 2. <u>739.</u> 3. Are you filing Schedule D?* ☐ Yes. Enter the smaller of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-. ☒ No. Enter the amount from Form 1040 or 1040-SR, line 7a. ... 3. <u>0.</u> 4. Add lines 2 and 3 4. <u>739.</u> 5. Subtract line 4 from line 1. If zero or less, enter -0- 5. <u>441,303.</u> 6. Enter: \$48,350 if single or married filing separately, \$96,700 if married filing jointly or qualifying surviving spouse, \$64,750 if head of household. 6. <u>96,700.</u> 7. Enter the smaller of line 1 or line 6 7. <u>96,700.</u> 8. Enter the smaller of line 5 or line 7 8. <u>96,700.</u> 9. Subtract line 8 from line 7. This amount is taxed at 0% 9. <u>0.</u> 10. Enter the smaller of line 1 or line 4 10. <u>739.</u> 11. Enter the amount from line 9 11. <u>0.</u> 12. Subtract line 11 from line 10 12. <u>739.</u> 13. Enter: \$533,400 if single, \$300,000 if married filing separately, \$600,050 if married filing jointly or qualifying surviving spouse, \$566,700 if head of household. 13. <u>600,050.</u> 14. Enter the smaller of line 1 or line 13 14. <u>442,042.</u> 15. Add lines 5 and 9 15. <u>441,303.</u> 16. Subtract line 15 from line 14. If zero or less, enter -0- 16. <u>739.</u> 17. Enter the smaller of line 12 or line 16 17. <u>739.</u> 18. Multiply line 17 by 15% (0.15) 18. <u>111.</u> 19. Add lines 9 and 17 19. <u>739.</u> 20. Subtract line 19 from line 10 20. <u>0.</u> 21. Multiply line 20 by 20% (0.20) 21. <u>0.</u> 22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet 22. <u>95,343.</u> 23. Add lines 18, 21, and 22 23. <u>95,454.</u> 24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 24. <u>95,579.</u> 25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet 25. <u>95,454.</u>	
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* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☒ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
* A	NMCS LLC	P				
* B	PRIOR YEAR PAL	P				
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		198.			
B		142.			
C					
D					
29a Totals					
b Totals		340.			
30 Add columns (h) and (k) of line 29a				30	
31 Add columns (g), (i), and (j) of line 29b				31	(340.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	-340.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-340.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2025

Name **MATTHEW W. MAHAN & SILVIA WEDDAD SCANDAR**
 Passthrough **MMCS LLC - NMCS LLC**
 PARTNERSHIP

ID 82-0960705

SSN/EIN

JOINT

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-198.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-198.					142.		-340.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-198.					142.		-340.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2025

Name **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**
Passthrough NMCS LLC - NMCS LLC
 PARTNERSHIP

SSN/EIN

JOINT

ID 82-0960705

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

MATTHEW W. MAHAN

Social security number of person
with self-employment income



Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

1a

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

SEE STATEMENT 13

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2

4,400.

3 Combine lines 1a, 1b, and 2

3

4,400.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

4,063.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

4c

4,063.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

5a

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b

6 Add lines 4c and 5b

6

4,063.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025

7

\$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11

8a

b Unreported tips subject to social security tax from Form 4137, line 10

8b

c Wages subject to social security tax from Form 8919, line 10

8c

d Add lines 8a, 8b, and 8c

8d

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9

176,100.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

10

504.

11 Multiply line 6 by 2.9% (0.029)

11

118.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3**

12

622.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

13

311.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2025 Created 5/7/25

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14	Maximum income for optional methods	14	\$7,240
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule SE (Form 1040) 2025

Form 1116

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. 19

Name

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Identifying number as shown on page 1 of your tax return
[REDACTED]Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) OTHER COUNTRIES

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory OC				
1a Gross income from sources within country shown above and of the type checked above:	613.			1a 613.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	37,793.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	37,793.			
d Gross foreign source income	1,052.			
e Gross income from all sources	508,007.			
f Divide line 3d by line 3e	.002070838			
g Multiply line 3c by line 3f	78.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	78.			6 78.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 535.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 14

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued									
		In foreign currency			In U.S. dollars						
		Taxes withheld at source on:			Taxes withheld at source on:						
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
A		1099 TAX					42.				42.
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

For Paperwork Reduction Act Notice, see instructions.

LHA 511501 01-07-26

Form 1116 (2025) Created 9/16/25

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	42.
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10	11	42.
12	Reduction in foreign taxes	12	
13	Taxes reclassified under high tax kickout	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	42.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	535.
16	Adjustments to line 15	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17	535.
18	Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14, and (ii) Schedule 1-A (Form 1040), line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 15 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	441,603.
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.00121
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20	95,454.
21	Multiply line 20 by line 19 (maximum amount of credit)	21	115.
22	Increase in limitation (section 960(c)) (see instructions)	22	
23	Add lines 21 and 22	23	115.
24	Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions	24	42.

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25	Credit for taxes on section 951A category income	25	
26	Credit for taxes on foreign branch category income	26	
27	Credit for taxes on passive category income	27	42.
28	Credit for taxes on general category income	28	
29	Credit for taxes on section 901(j) income	29	
30	Credit for taxes on certain income re-sourced by treaty	30	
31	Credit for taxes on lump-sum distributions	31	
32	Add lines 25 through 31	32	42.
33	Enter the smaller of line 20 or line 32	33	42.
34	Reduction of credit for international boycott operations	34	
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	42.

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. 21

Name(s) shown on return

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐B If you or your spouse was a student or was disabled during 2025 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐**Part I** Persons or Organizations Who Provided the Care - You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2025? For example, this generally includes nannies but not daycare centers.	(e) Amount paid
ST TIMOTHY'S LUTHERAN CHURCH			☐ Yes ☒ No	5,150.
HIDDEN TALENT ART STUDIO			☐ Yes ☒ No	980.
			☐ Yes ☐ No	

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2025 but didn't pay them until 2026, or if you prepaid in 2025 for care to be provided in 2026, don't include these expenses in column (d) of line 2 for 2025. See the instructions.**Part II** Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2025 for the person listed in column (a)
First	Last			
			☐	3,065.
			☐	3,065.
			☐	

3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 314 Enter your **earned income**. See instructions5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 46 Enter the **smallest** of line 3, 4, or 5. If zero or less, enter -0-

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11a

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

Over

But not over

Decimal amount is

If line 7 is:

Over

But not over

Decimal amount is

If line 7 is:

Over

But not over

Decimal amount is

\$0 - 15,000

.35

\$25,000 - 27,000

.29

\$37,000 - 39,000

.23

15,000 - 17,000

.34

27,000 - 29,000

.28

39,000 - 41,000

.22

17,000 - 19,000

.33

29,000 - 31,000

.27

41,000 - 43,000

.21

19,000 - 21,000

.32

31,000 - 33,000

.26

43,000 - No limit

.20

21,000 - 23,000

.31

33,000 - 35,000

.25

23,000 - 25,000

.30

35,000 - 37,000

.24

9a Multiply line 6 by the decimal amount on line 8

b If you paid 2024 expenses in 2025, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c

c Add lines 9a and 9b and enter the result

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

513751 12-17-25

Form 2441 (2025) Created 3/18/25

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2025. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2024 and used in 2025 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2026. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2025 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18.	19	
20 Enter the smallest of line 17, 18, or 19 If zero or less, enter -0-	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	
22 Is any amount on line 12 or 13 from your sole proprietorship or partnership? ☐ No. Enter -0-. ☐ Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	
26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	

To claim the child and dependent care credit,
complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Add lines 24 and 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2024 expenses in 2025, see the instructions for line 9b	29	
30 Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Alternative Minimum Tax - Individuals

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**Part I Alternative Minimum Taxable Income**

1a Subtract Sched. 1-A (Form 1040), line 37, from Form 1040, 1040-SR, or 1040-NR, line 14	1a	65,314.
b Subtract line 1a from Form 1040, 1040-SR, or 1040-NR, line 11b (if less than zero, enter as a negative amount)	1b	442,042.
2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12e	2a	37,793.
b Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c Investment interest expense (difference between regular tax and AMT)	2c	
d Depletion (difference between regular tax and AMT)	2d	
e Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f Alternative tax net operating loss deduction	2f	
g Interest from specified private activity bonds exempt from the regular tax	2g	
h Qualified small business stock, see instructions	2h	
i Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 17	2m	340.
n Loss limitations (difference between AMT and regular tax income or loss)	2n	
o Circulation costs (difference between regular tax and AMT)	2o	
p Long-term contracts (difference between AMT and regular tax income)	2p	
q Mining costs (difference between regular tax and AMT)	2q	
r Research and experimental costs (difference between regular tax and AMT)	2r	
s Income from certain installment sales before January 1, 1987	2s	
t Intangible drilling costs preference	2t	
3 Other adjustments, including income-based related adjustments	3	
4 Alternative minimum taxable income. Combine lines 1b through 3. (If married filing separately and line 4 is more than \$900,350, see instructions.)	4	480,175.

Part II Alternative Minimum Tax (AMT)

5 Exemption.		
IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...
Single or head of household	\$626,350	\$88,100
Married filing jointly or qualifying surviving spouse	1,252,700	137,000
Married filing separately	626,350	68,500
If line 4 is over the amount shown above for your filing status, see instructions.		
6 Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	343,175.
7 • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result.	7	91,211.
8 Alternative minimum tax foreign tax credit (see instructions)	8	42.
9 Tentative minimum tax. Subtract line 8 from line 7	9	91,169.
10 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	95,412.
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	343,175.
13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	739.
14 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	0.
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	739.
16 Enter the smaller of line 12 or line 15	16	739.
17 Subtract line 16 from line 12	17	342,436.
18 If line 17 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result	18	91,100.
19 Enter: • \$96,700 if married filing jointly or qualifying surviving spouse, • \$48,350 if single or married filing separately, or • \$64,750 if head of household. 	19	96,700.
20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	441,303.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22 Enter the smaller of line 12 or line 13	22	739.
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0.
24 Subtract line 23 from line 22	24	739.
25 Enter: • \$533,400 if single, • \$300,000 if married filing separately, • \$600,050 if married filing jointly or qualifying surviving spouse, or • \$566,700 if head of household. 	25	600,050.
26 Enter the amount from line 21	26	0.
27 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	441,303.
28 Add line 26 and line 27	28	441,303.
29 Subtract line 28 from line 25. If zero or less, enter -0-	29	158,747.
30 Enter the smaller of line 24 or line 29	30	739.
31 Multiply line 30 by 15% (0.15)	31	111.
32 Add lines 23 and 30	32	739.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33 Subtract line 32 from line 22	33	0.
34 Multiply line 33 by 20% (0.20)	34	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35 Add lines 17, 32, and 33	35	
36 Subtract line 35 from line 12	36	
37 Multiply line 36 by 25% (0.25)	37	
38 Add lines 18, 31, 34, and 37	38	91,211.
39 If line 12 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result	39	91,307.
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	91,211.

Form 1116

Department of the Treasury
Internal Revenue ServiceALTERNATIVE MINIMUM TAX
Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. 19

Name

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Identifying number as shown on page 1 of your tax return
[REDACTED]Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **OTHER COUNTRIES****Note:** If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.**Part I** Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory OC				
1a Gross income from sources within country shown above and of the type checked above:	709.			709.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	1,052.			
e Gross income from all sources	508,007.			
f Divide line 3d by line 3e	.002070838			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				709.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued									
		In foreign currency			In U.S. dollars						
		Taxes withheld at source on:			Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))		
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest		
A	1099 TAX						42.				42.
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

For Paperwork Reduction Act Notice, see instructions.

LHA 511501 01-07-26

Form 1116 (2025) Created 9/16/25

ALTERNATIVE MINIMUM TAX

Form 1116 (2025) **MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR**

Page 2

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	42.
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10	11	42.
12	Reduction in foreign taxes	12	
13	Taxes reclassified under high tax kickout	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	42.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	709.
16	Adjustments to line 15	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17	709.
18	Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14, and (ii) Schedule 1-A (Form 1040), line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 18 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	479,832.
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.00148
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20	91,211.
21	Multiply line 20 by line 19 (maximum amount of credit)	21	135.
22	Increase in limitation (section 960(c)) (see instructions)	22	
23	Add lines 21 and 22	23	135.
24	Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions	24	42.

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25	Credit for taxes on section 951A category income	25	
26	Credit for taxes on foreign branch category income	26	
27	Credit for taxes on passive category income	27	42.
28	Credit for taxes on general category income	28	
29	Credit for taxes on section 901(j) income	29	
30	Credit for taxes on certain income re-sourced by treaty	30	
31	Credit for taxes on lump-sum distributions	31	
32	Add lines 25 through 31	32	42.
33	Enter the smaller of line 20 or line 32	33	42.
34	Reduction of credit for international boycott operations	34	
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	42.

Form 1116 (2025)

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **44**

Social security number

Employer identification number (EIN)

90-2637486

MATTHEW W. MAHAN

Calendar year taxpayers having no household employees in 2025 don't have to complete this form for 2025.

A Did you pay **any one** household employee cash wages of \$2,800 or more in 2025? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A Instructions before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2025 for any household employee?

- ☐ **Yes.** Skip line C and go to line 7.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (Don't count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

- ☐ **No.** **Stop.** Don't file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	6,008.	
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	745.	
3	Total cash wages subject to Medicare tax	3	6,008.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	174.	
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	919.	

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (Don't count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

- ☐ **No.** **Stop.** Include the amount from line 8 above on Schedule 2 (Form 1040), line 9. If you're not required to file Form 1040, see the line 9 instructions.
☒ **Yes.** Go to line 10.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Schedule H (Form 1040) 2025 Created 4/15/25

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."		X
11 Did you pay all state unemployment contributions for 2025 by April 15, 2026? Fiscal year filers, see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.
 If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.

Section A

13	Name of the state where you paid unemployment contributions		
14	Contributions paid to your state unemployment fund	14	
15	Total cash wages subject to FUTA tax		15
16	FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25		16

Section B

17 Complete all columns below that apply (if you need more space, see instructions):								
(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.064	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
CA	6,541.	01/01/25	12/31/25	.0180	353.	118.	235.	
18 Totals							18	235.
19 Add columns (g) and (h) of line 18					19	235.		
20 Total cash wages subject to FUTA tax (see the line 15 instructions)							20	6,008.
21 Multiply line 20 by 6.0% (0.06)							21	360.
22 Multiply line 20 by 5.4% (0.054)					22	324.		
23 Enter the smaller of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) STATEMENT 19 ☒							23	163.
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25							24	197.

Part III	Total Household Employment Taxes
-----------------	---

25	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	919.
26	Add line 16 (or line 24) and line 25	26	1,116.

Part IV Address and Signature - Complete this part **only** if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.
City, town, or post office	State	ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature			Date		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

[REDACTED]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	507,356.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	507,356.
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,200	5	4,400.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,400.
9	Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	108,000.
11	Multiply line 10 by 5% (0.05)	11	5,400.
12	Is the amount on line 8 more than the amount on line 11? ☒ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☐ Yes. Subtract line 11 from line 8. Enter the result.	12	0.
13	Enter the amount from Credit Limit Worksheet A	13	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	0.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2025 Created 7/30/25

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit	16a	
b	Number of qualifying children under age 17 with the required social security number: x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit	16b	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0.
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Qualified Business Income Deduction

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2025**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions			
3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13			
4 Allocable share of W-2 wages from the trade, business, or aggregation			
5 Multiply line 4 by 50% (0.50)			
6 Multiply line 4 by 25% (0.25)			
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property			
8 Multiply line 7 by 2.5% (0.025)			
9 Add lines 6 and 8			
10 Enter the greater of line 5 or line 9			
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10			
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12			
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13			
16 Total qualified business income component. Add all amounts reported on line 15			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **8995-A** (2025) Created 9/12/25

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$197,300 (\$394,600 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24		
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 20	28	108.	
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	108.	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	22.	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		22.
33	Taxable income before qualified business income deduction	33	442,064.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	739.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		441,325.
36	Income limitation. Multiply line 35 by 20% (0.20)	36		88,265.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		22.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		22.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Form **8995-A** (2025)

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Attach to Form 8995-A.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

██████████ - ██████████ - ██████████

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see Instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	NMCS LLC	-198.	()	
			()	
			()	

2	Qualified business net (loss) carryforward from prior years. See instructions	SEE STATEMENT 21	2	(	840.)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3	(	1,038.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4		
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).		5	(	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6	(	1,038.)

Schedule C (Form 8995-A) (Rev. 12-2022)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. 71

Name(s) shown on return

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

Your social security number

000-00-0000**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	525,255.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	525,255.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		275,255.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		2,477.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	4,063.	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000.	
10	Enter the amount from line 4	10	525,255.	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		4,063.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		37.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		2,514.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	8,744.	
20	Enter the amount from line 1	20	525,255.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	7,616.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,128.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		1,128.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8959 (2025) Created 4/30/25

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2025
Attachment
Sequence No. 72

Name(s) shown on your tax return

MATTHEW W. MAHAN & SILVIA WEDAD SCANDARYour social security number or EIN
■■■■-■■■■-■■■■**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	9,097.
2	Ordinary dividends (see instructions)		2	1,160.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	4,060.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 22	4b	-4,400.	
c	Combine lines 4a and 4b		4c	-340.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions) SEE STATEMENT 23		7	174.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	10,091.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b	739.	
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	739.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	739.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- Individuals:	12	9,352.
13	Modified adjusted gross income (see instructions)	13	507,356.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	257,356.
16	Enter the smaller of line 12 or line 15	16	9,352.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) Estates and Trusts:	17	355.
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960** (2025) Created 8/19/25

Line 7 - Deduction Recoveries Worksheet

CALIFORNIA

1. Enter total amount of recovery included in gross income 1. 0.

• Don't include recoveries of items that are included in NII in the year of recovery (included on lines 1-6).

• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.

• Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION

This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 5,565.

3. Total amount of recovery (add lines 1 and 2) 3. 5,565.

4. Enter the percentage of the deduction allocated to NII in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. .031215011

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior-year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or section 68 in a tax year prior to 2018) 5. 174.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 7.

7. Enter the amount of NII in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 14,135.

8. Add the amount on line 5 to line 7 8. 14,309.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the NII reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 544.

10. Enter the NIIT reported for the year of the deduction 10. 537.

11. Subtract line 10 from line 9 11. 7.

12. Enter the smaller of line 6 or line 11 12. 7.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 13. 174.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$40,000, \$20,000 if MFS) 2. 739.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 739.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 65,292.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d)	N/A

6e. N/A

7. Subtract line 6e from line 5 7. 65,292.

8. Enter the lesser of line 7 or line 4 8. 739.



This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

(A)			(B)			(C)		
Reenter the amounts and descriptions from Part III, lines 1 - 3.			IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).			Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.		
Miscellaneous Itemized Deductions properly allocable to investment income:								
1.	(a)	N/A	X	N/A	=	N/A		
	(b)	N/A	X	N/A	=	N/A		
2.	State, local, and foreign income taxes	739.	X	1.0000	=	739.		
Itemized Deductions Included on Line 3 of Part III:								
3.	(a)		X		=			
	(b)		X		=			

**Net Investment Income Tax -
Individuals, Estates, and Trusts****2025**

CALIFORNIA

Name(s)

MATTHEW W. MAHAN & SILVIA WEDAD SCANDARYour social security number or EIN
[REDACTED]**Part I Investment Income**

- ☐
- Section 6013(g) election
-
- ☐
- Regulations section 1.1411-10(g) election

1	Taxable interest		1	9,097.
2	Ordinary dividends		2	1,160.
3	Annuities from nonqualified plans		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a 4,060.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b -4,400.		
c	Combine lines 4a and 4b		4c	-340.
5a	Net gain or loss from disposition of property	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c	Adjustment from disposition of partnership interest or S corporation stock	5c		
d	Combine lines 5a through 5c		5d	
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	9,917.
Part II State Income Tax Pro-ration for 2025 Income Tax Payments				
9	State total income		9	507,356.
10	State income tax payments for 2025	SEE STATEMENT 24	10	37,784.
11	2025 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	739.
Part III State Income Tax Pro-ration for 2024 Estimate Payments Made in 2025				
12	State estimate payments for 2024		12	
13	Percent of state income taxes attributable to investment income for 2024		13	.031215
14	2024 state estimate payments attributable to investment income. Line 12 times line 13		14	
Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2025				
15	Balance of prior years tax plus extension payments paid in 2025		15	
16	Percent of state income taxes attributable to investment income for 2024		16	.031215
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	
Part V Reduction of State Tax Deduction				
18	Reduction of state tax deduction		18	()
19	Percent of state income taxes attributable to investment income for 2024		19	
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	()
Part VI Total State Income Tax Payments Attributable to Investment Income				
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	739.

Form **8960** (2025)

Form 1116

U.S. and Foreign Source Income Summary

NAME

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	493,350.	493,350.	
Dividends/Distributions	SEE STATEMENT 26	108.	1,052.
Interest	9,097.	9,097.	
Capital Gains			
Business/Profession	4,400.	4,400.	
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income			
Gross Income	508,007.	506,955.	1,052.
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			439.
Total Income - Form 1116	508,007.	506,955.	613.
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses	340.	340.	
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	311.	311.	
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	651.	651.	
Adjusted Gross Income	507,356.	506,304.	613.
Less Itemized Deductions:			
Specifically Allocated	3,099.	3,099.	
Home Mortgage Interest	24,400.	24,400.	
Other Interest			
Ratably Allocated	37,793.	37,715.	78.
Other Deductions	22.	22.	
Total Adjustments to Adjusted Gross Income	65,314.	65,236.	78.
Taxable Income	442,042.	441,068.	535.

Form 1116

Allocation of Itemized Deductions

NAME

MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	37,793.			37,793.
Interest - Not Including Investment Interest	24,400.	24,400.		
Investment Interest				
Contributions	3,099.	3,099.		
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses				
Foreign Adjustment				
Total Itemized Deductions	65,292.	27,499.		37,793.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **NMCS LLC**

EIN: **82-0960705**

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. **6,563.**

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. **6,563.**

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. **6,563.**

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					

14. Basis after nondeductible expenses and depletion (reduce line 11a
by the amounts on lines 12 and 13, column D)

6,563.

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-198.		-198.	-198.	
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-198.		-198.	-198.	

15t. Total deductions and losses (add lines 15a through
15r, column C)

-198.

16. Allowable deductions and
losses

-198.

17. Unutilized EBIE on sale of
partnership interest

18. Adjusted basis at the end of
the tax year (Enter the sum of
lines 14, 16, and 17.)

6,365.

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **NMCS LLC**

EIN: **82-0960705**

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. 0.

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. _____

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 0.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)					

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-198.	-142.	-340.		-340.
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-198.	-142.	-340.		-340.
15t. Total deductions and losses (add lines 15a through 15r, column C)			-340.		

16. Allowable deductions and losses	
17. Unutilized EBIE on sale of partnership interest	
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)	

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T CITY OF SAN JOSE	225,912.	40,670.	18,599.			3,710.
S CRISTO REY SAN JOSE HIGH SCHOOL	267,438.	45,775.	19,185.	3,490.	10,918.	5,034.
TOTALS	493,350.	86,445.	37,784.	3,490.	10,918.	8,744.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
CHARLES SCHWAB - [REDACTED]	1,160.	739.
TOTAL INCLUDED IN FORM 1040, LINE 3A		739.

FORM 1040

TAX

STATEMENT 3

DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	95,454.
TOTAL TO FORM 1040, LINE 16	95,454.

FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

STATEMENT 4

T S DESCRIPTION	AMOUNT
T CITY OF SAN JOSE	40,670.
S CRISTO REY SAN JOSE HIGH SCHOOL	45,775.
TOTAL TO FORM 1040, LINE 25A	86,445.

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

FORM 1040

CURRENT YEAR ESTIMATES AND
AMOUNT APPLIED FROM PREVIOUS YEAR

STATEMENT 5

DESCRIPTION

AMOUNT

4TH QTR ESTIMATE PAYMENT - JOINT
PRIOR YEAR OVERPAYMENT APPLIED - JOINT

1,702.
14,298.

TOTAL TO FORM 1040, LINE 26

16,000.

FORM 1040

FEDERAL INCOME TAX WITHHELD - OTHER FORMS

STATEMENT 6

T
S DESCRIPTION

AMOUNT

FORM 8959, LINE 24

1,128.

TOTAL TO FORM 1040, LINE 25C

1,128.

SCHEDULE 1

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 7

	2024	2023	2022
GROSS STATE/LOCAL INC TAX REFUNDS	CALIFORNIA		
LESS: TAX PAID IN FOLLOWING YEAR	5,565.		
NET TAX REFUNDS CALIFORNIA	5,565.		
TOTAL NET TAX REFUNDS	5,565.		

STATEMENT(S) 5, 6, 7

SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 8
		2022	2023	2024
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.				5,565.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1	NET REFUNDS FOR RECALCULATION		0.	5,565.
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			37,018.
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-27,018.
5	ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6	ENTER THE AMOUNT FROM LINE 1			
7	SUBTRACT LINE 6 FROM LINE 5			
8	ADD LINE 7 TO LINE 3			
9	SUBTRACT LINE 8 FROM LINE 2			
10	ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11	ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12	ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13	SUBTRACT LINE 12 FROM LINE 11			
14	ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15	PRIOR YEAR TAXABLE INCOME			
16	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1			
	* IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14			
	* IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2022				
TOTAL TO SCHEDULE 1, LINE 1				

MATTHEW W. MAHAN & SILVIA WEDDAD SCANDAR

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 9
DESCRIPTION		AMOUNT
CITY OF SAN JOSE		18,599.
CRISTO REY SAN JOSE HIGH SCHOOL		19,185.
STATE DISABILITY INSURANCE - CRISTO REY SAN JOSE HIGH SCHOOL		3,490.
TOTAL TO SCHEDULE A, LINE 5A		41,274.

SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT 10
DESCRIPTION		AMOUNT
MORTG INTEREST ALLOCATION		24,400.
TOTAL TO SCHEDULE A, LINE 8A		24,400.

SCHEDULE A

STATE AND LOCAL TAX DEDUCTION WORKSHEET

STATEMENT 11

1. IS THE AMOUNT ON SCHEDULE A, LINE 5D MORE THAN \$10,000 (\$5,000 IF MFS)

NO. STOP YOUR DEDUCTION ISN'T LIMITED DON'T COMPLETE THE REST OF THIS WORKSHEET.

X YES.

ENTER \$ 40,000.

2. ENTER THE AMOUNT FROM FORM 1040, LINE 11B

3A. ENTER ANY INCOME FROM PUERTO RICO THAT YOU EXCLUDED

507,356.

B. ENTER THE AMOUNT FROM FORM 2555, LINE 45

C. ENTER THE AMOUNT FROM FORM 2555, LINE 50

D. ENTER THE AMOUNT FROM FORM 4563, LINE 15

E. ADD LINES 3A THROUGH 3D

4. ADD LINES 2 AND 3E

5. ENTER \$500,000 (\$250,000 IF MFS)

507,356.

6. IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5?

500,000.

NO. SKIP LINES 7 AND 8 ENTER THE AMOUNT FROM LN. 1 ON LN. 9

X YES. SUBTRACT LINE 5 FROM LINE 4.

7. MULTIPLY LINE 6 BY 30%

7,356.

8. SUBTRACT LINE 7 FROM LINE 1

2,207.

9. ENTER THE LARGER OF THE AMOUNT ON LINE 8 OR \$10,000

37,793.

10. STATE AND LOCAL TAX DEDUCTION. ENTER THE SMALLER OF THE AMOUNT ON LINE 9 (HALF THE AMOUNT ON LINE 9 IF MFS) OR THE AMOUNT FROM SCHEDULE A, LINE 5D HERE AND ON SCHEDULE A, LINE 5E

37,793.

37,793.

SCHEDULE C

GROSS RECEIPTS

STATEMENT 12

DESCRIPTION

AMOUNT

METROPOLITAN TRANSPORTATION - FROM 1099-NEC

1,700.

SANTA CLARA VALLEY TRANSPORTATION - FROM 1099-NEC

2,700.

TOTAL TO SCHEDULE C, LINE 1

4,400.

SCHEDULE SE

NON-FARM INCOME

STATEMENT 13

DESCRIPTION

AMOUNT

4,400.

TOTAL TO SCHEDULE SE, LINE 2

4,400.

FORM 1116

SUMMARY OF FOREIGN TAXES PAID OR ACCRUED

STATEMENT 14

PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
OC						
OC						
1099 TAX		0.	42.			
			42.			

TOTAL TO FORM 1116, PART II, LINE 8

42.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

FOREIGN AMT

CONV. RATE

U.S. AMT

2024
2023
2022
2021
2020

TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 18

STATEMENT 15

1	ENTER THE SUM OF (I) FORM 1040, OR 1040-NR, LINE 11B, MINUS FORM 1040, OR 1040-NR, LINE 14; AND (II) SCHEDULE 1-A (FORM 1040), LINE 37.	442,042.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2432	
4	ENTER WORLDWIDE 25% GAINS	
5	MULTIPLY LINE 4 BY 0.3243	
6	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS	
7	MULTIPLY LINE 6 BY 0.4595	
8	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	739.
9	MULTIPLY LINE 8 BY 0.5946	439.
10	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
11	ADD LINES 3, 5, 7, 9 AND 10	439.
12	SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18 (IF THE RESULT IS ZERO OR LESS, ENTER -0-)	441,603.

FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 16

1	ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18	95,454.
2	ENTER THE AMOUNT FROM SCHEDULE 3 (FORM 1040), LINE 1 (FOREIGN TAX CREDIT) AND LINE 6L (FORM 8978, LINE 14)	42.
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441, LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT	95,412.

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 17

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
FROM 100% DISPOSITION				340.
TOTAL TO FORM 6251, LINE 2M				340.

FORM 1116

 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT
 WORLDWIDE CAPITAL GAINS
 WORKSHEET FOR LINE 18

STATEMENT 18

1	ENTER THE AMOUNT FROM FORM 6251, LINE 4		480,175.
2	ENTER WORLDWIDE 25% GAINS		
3	MULTIPLY LINE 2 BY 0.1071		
4	ENTER WORLDWIDE 20% GAINS AND QUALIFIED DIVIDENDS		
5	MULTIPLY LINE 4 BY 0.2857		
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	739.	
7	MULTIPLY LINE 6 BY 0.4643	343.	
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS		
9	ADD LINES 3, 5, 7 AND 8		343.
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 18 (IF THE RESULT IS ZERO OR LESS, ENTER -0-)		479,832.

SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 19

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 19 OR LINE 22. (IF YOU COMPLETED WORKSHEET FOR CREDIT FOR LATE CONTRIBUTIONS, ENTER THE AMOUNT FROM LINE 8 OF THAT WORKSHEET.) 235.
2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 20 6,008.
3. PLACE AN "X" BY EVERY STATE IN WHICH YOU HAD TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 23. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

POSTAL X ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION	POSTAL X ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION
AK		X .000		NC		X .000	
AL		X .000		ND		X .000	
AR		X .000		NE		X .000	
AZ		X .000		NH		X .000	
X CA	6,008.	X .012	72.	NJ		X .000	
CO		X .000		NM		X .000	
CT		X .000		NV		X .000	
DC		X .000		NY		X .000	
DE		X .000		OH		X .000	
FL		X .000		OK		X .000	
GA		X .000		OR		X .000	
HI		X .000		PA		X .000	
IA		X .000		RI		X .000	
ID		X .000		SC		X .000	
IL		X .000		SD		X .000	
IN		X .000		TN		X .000	
KS		X .000		TX		X .000	
KY		X .000		UT		X .000	
LA		X .000		VA		X .000	
MA		X .000		VT		X .000	
MD		X .000		WA		X .000	
ME		X .000		WI		X .000	
MI		X .000		WV		X .000	
MN		X .000		WY		X .000	
MO		X .000		PR		X .000	
MS		X .000		VI		X .045	
MT		X .000					

4. TOTAL CREDIT REDUCTION 72.
5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 23. IF ZERO OR LESS, ENTER -0- 163.

MATTHEW W. MAHAN & SILVIA WEDDAD SCANDAR

FORM 8995-A QUALIFIED REIT DIVIDENDS AND PTP INCOME STATEMENT 20

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
CHARLES SCHWAB - [REDACTED]	108.	
TOTAL TO FORM 8995-A, LINE 28	108.	

FORM 8995-A QUALIFIED BUSINESS NET LOSS CARRYOVER STATEMENT 21
SCHEDULE C FROM PRIOR YEARS

TRADE OR BUSINESS NAME	AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	840.
TOTAL TO FORM 8995-A SCHEDULE C, LINE 2	840.

FORM 8960 TRADE OR BUSINESS INCOME STATEMENT 22

MATTHEW W. MAHAN	-4,400.
AMOUNT TO FORM 8960, LINE 4B	-4,400.

FORM 8960 OTHER MODIFICATIONS TO INVESTMENT INCOME STATEMENT 23

AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	174.
AMOUNT TO FORM 8960, LINE 7	174.

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 24

CALIFORNIA

DESCRIPTION

AMOUNT

CITY OF SAN JOSE

CRISTO REY SAN JOSE HIGH SCHOOL

18,599.

19,185.

TOTAL TO STATE FORM 8960, LINE 10

37,784.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

STATEMENT 25

DESCRIPTION

INCOME

LOSS

NMCS LLC

-340.

TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

-340.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
FOREIGN QUALIFIED DIVIDENDS

STATEMENT 26

DESCRIPTION

TOTAL
DIVIDENDQUALIFIED
DIVIDENDREDUCTION
PERCENTDIVIDEND
TO LINE 1AQUAL DIV
ADJUSTMENT

CHARLES SCHWAB - 07

1,052.

739.

.4054

613.

439.

TOTALS

1,052.

739.

613.

439.

AMT PARTNERSHIP
BASIS WORKSHEETALTERNATIVE MINIMUM TAX
ALLOCATION OF ALLOWABLE LOSSES

STATEMENT 27

NMCS LLC

DESCRIPTION

LOSS

PERCENT
OF LOSSALLOCATION
OF BASISALLOWABLE
LOSSDISALLOWED
LOSS

ORDINARY

198.

.582352941

0.

0.

198.

SCHEDULE E C/O

142.

.417647059

0.

0.

142.

TOTALS

340.

1.000000000

0.

0.

340.